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Original Citation

Hemingway, Steve (2009) Editorial: New Ways of Working (NWW) Resources and Resistance. *Mental Health and Learning Disabilities Research and Practice*, 6 (2). pp. 109-110. ISSN 1743-6885

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Editorial

Editorial New Ways of Working (NWW) Resources and Resistance

In preparation for this editorial I googled 'New Ways of Working NHS' and got over 457,000 hits. This is evidence that the phrase has become part of our cultural language even though the project is now six years old. If Google presence is a barometer of significance then it must be having an impact. For some New Ways of Working (NWW) has presented a challenge to extend and validate their role. For others it has been seen as a threat to the status quo. However, change takes time. My first hand experience of NWW is in the mental health context, where real improvements have been made under the umbrella of NWW. For example: increasing access to psychological therapies, service user focused interventions and the introduction of pharmacy technicians to improve the management of medicines in in-patient care.

External drivers such as the European Union (EU) Working Time Directive, limits the number of hours junior doctors can work, and the introduction of new roles e.g. Approved Mental Health Professional (AMHP)) are often seen as outside the control of individual practitioners or indeed organisations. Yet, the implications for the practitioner can be enormous. A mental health nurse can undertake advanced practice responsibilities, such as non-medical prescribing, that were previously the role of the psychiatrist. Alternatively, they can undertake continuing professional development to become an AMHP and act as the advocate for a service user facing detention under the Mental Health Act.

Non medical prescribing, and greater responsibility for medicines management, has the potential to free up psychiatrists to concentrate on complex case management. It also means that service users may more easily receive the prescribing service they require at the time of need. Together, these changes create efficiencies and, importantly, service improvement. Nurses working in mental health settings, who undertook the required preparation, were first allowed in law to prescribe in 2003. However since 2003 there has been a slow roll out nationally, and locally, of prescribing by nurses and allied health professionals (AHPs). The reasons for this slow speed of change are undoubtedly multi-factorial. Mental Health Trusts have been going through considerable organisational change with many, such as South West Yorkshire Partnership Foundation Trust, gaining foundation trust status. This may have served some part in delaying the integration of non-medical prescribing as part of standard service provision. Nurses, and AHPs, may have felt ill-prepared to adopt the extra responsibilities that accompany prescribing. Another reason may be professional resistance to change that allows a clinician other than a doctor to prescribe psychotropic medicine. Whatever the real reasons NWW may not have realised its potential, it cannot do so unless resistance to non-medical prescribing is overcome. Moreover, non-medical prescribing needs to become an integral element of NHS workforce planning otherwise NWW will be yet another failed policy initiative.

The advent of the AMHP could also be seen as reasonable extension to the role of mental health nurses. Mental health nurses and social workers are the main candidates for this role. Potentially AMHP is an exciting innovation as it locates care delivery for the service user with mental health issues firmly in a social model of care. However, the development of AMHPs may be hindered by resource restraints. Nursing is the largest professional workforce in the NHS but role expansion or substitution is not infinite. Inevitably, other roles and responsibilities have to be reviewed and redefined if practitioners are to take on changed expectations and the AMHP may be a NWW too far.

NWW has the potential to bring about real service improvement and offer new opportunities for role extension and job satisfaction for a range mental health and learning disability staff. However, change does not occur in isolation, and limited resources and organisation, and professional resistance, may create a barrier too high for the NWW project to achieve its goals. This edition of Mental Health & Learning Disabilities Research & Practice contains ten articles divided into three themes that reflect the challenges, barriers, levers and threats of NWW.

Firstly, under the theme of Medicines Management, Nicola Woolhouse reports how extension of her role as a non-medical prescriber impacted on the service delivery of a Clozapine Clinic; Austyn Snowden presents a model illustrating how mental health nurses attain competence in prescribing; Eleanor Bradley provides a commentary on non-medical prescribing as an example of NWW; David Brandford describes how the NWW initiative has influenced the roles of pharmacist and pharmacy technicians.

Secondly, two papers on skills for clinical roles, Rowena Mattan and Tom Isherwood describe an investigation of the use of an extended role adopted by clinical psychologists to deal with difficult or complex cases. Tony Warne and Sue McAndrew discuss the potential of preparing mental health nursing students as emotionally intelligent practitioners developing core skills required to support service users experiencing trauma. Lastly, under the theme emerging roles, Kay McCauley-Elsom, Wendy Cross and Jayashri Kulkarni illustrate how a specialist perinatal mental health nurse practitioner can support women, normally prescribed psychotropic medication and receiving mental health services, during pregnancy. Finally Sue Beacock describes a project funded by NHS Yorkshire & the Humber to develop an associate practitioner role in mental health and learning disability. Collectively these papers bring together the spirit and values of NWW and reveal the complexity of change.

Thirdly, under the theme service user initiatives, Virginia Minogue and colleagues present their extensive literature review examining the potential added value of service user and carer involvement as experts in mental health education, training and research. Ian Munro and Karen Leigh-Edward, using the Australian perspective, outline their research findings from a study examining how establishing formal links between mental health professionals and employment counsellors, and employment organisations embracing new roles, can help the person with mental health problems regain meaningful employment.

NWW, alongside other initiatives under the Changing Workforce Programme, ended in March 2009. It has been replaced by the Creative, Capable Workforce initiative. This change, by no means a quantum shift from NWW relates to New Horizons which is the policy replacing the Mental Health National Service Framework. We are entering into a period where resources and working 'smarter' may be a major influence due to the recent financial crisis. It may be a real period where change is needed to enable staff to be capable and creative with scarce resources.

Steve Hemingway
Editorial Lead